



Electronic Recording Delivery System Change of ERDS Role

TYPE OR PRINT (IN INK) ALL INFORMATION REQUESTED ON
THE FORM. SIGNATURE MUST BE ORIGINAL.

DOJ USE ONLY	
Cert #	_____
Date rec'd	_____
Response date	_____
Analyst	_____

Tracking #	_____
HDC date	_____
Rev. by	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

EMPLOYEE OF:

(CHECK ONE BOX ONLY)

COUNTY RECORDER ☐ AUTHORIZED SUBMITTER OR AGENT ☐ VENDOR OF ERDS SOFTWARE ☐

DELETION OF INDIVIDUAL(S) FROM A ROLE REQUIRING FINGERPRINT SUBMISSION

NAME	DRIVER LICENSE #	DATE OF BIRTH
Does the individual submit to more than one ERDS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list counties: _____		
NAME	DRIVER LICENSE #	DATE OF BIRTH
Does the individual submit to more than one ERDS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list counties: _____		

ADDITION OF INDIVIDUAL(S) IN A ROLE REQUIRING FINGERPRINT SUBMISSION

(ATTACH PROOF OF FINGERPRINT SUBMISSION)

NAME	DRIVER LICENSE #	DATE OF BIRTH
Does the individual submit to more than one ERDS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list counties: _____		
NAME	DRIVER LICENSE #	DATE OF BIRTH
Does the individual submit to more than one ERDS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list counties: _____		

CONTACT INFORMATION

FORM SUBMITTER (NAME)	COUNTY	E-MAIL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE ()	FAX ()	ERDS CERTIFICATE #	

I declare under penalty of perjury under the laws of the State of California that all the information contained herein is true and correct.

Signature _____ Date: _____
Print Name: _____

Application Submission

The information on this application and all documentation becomes the property of the Department of Justice and will be used by authorized personnel. All documentation submitted shall be exempt from disclosure pursuant to the Information Practices Act of 1977, Civil Code Section 1798 et seq.

Mail to: State of California
Department of Justice
CJIS Operations Support Bureau
Electronic Recording Delivery System Program
P.O. Box 160526
Sacramento, CA 95816-0526